

JUL 14 2004

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001444 7590 04/20/2004

BROWDY AND NEIMARK, P.L.L.C.
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| APPLICATION NO. | FILING DATE | FIRST NAMED INVENTOR | ATTORNEY DOCKET NO. | CONFIRMATION NO. |
|-----------------|-------------|----------------------|---------------------|------------------|
| 10/088,236 | 06/19/2002 | Jens Iver Find | FIND=1 | 1698 |

TITLE OF INVENTION: MATURATION, DESICCATION AND ENCAPSULATION OF GYMNOSPERM SOMATIC EMBRYOS

| APPLN. TYPE | SMALL ENTITY | ISSUE FEE | PUBLICATION FEE | TOTAL FEE(S) DUE | DATE DUE |
|----------------|--------------|-----------|-----------------|------------------|------------|
| nonprovisional | YES | \$665 | \$0 | \$665 | 07/20/2004 |
| EXAMINER | | ART UNIT | | CLASS-SUBCLASS | |

KRAWCZEWCZ MYERS, LOUANNE C

1661

435-422000

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).

 Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached. "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.

2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.

1. Iver P. Cooper

2. _____

3. _____

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PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. Inclusion of assignee data is only appropriate when an assignment has been previously submitted to the USPTO or is being submitted under separate cover. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

(B) RESIDENCE: (CITY and STATE OR COUNTRY)

Woody Plant Biotech APS

Lundby, Denmark

Please check the appropriate assignee category or categories (will not be printed on the patent): individual corporation or other private group entity government

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 Issue Fee A check in the amount of the fee(s) is enclosed. Publication Fee Payment by credit card. Form PTO-2038 is attached. Advance Order - # of Copies 10 The Director is hereby authorized by charge the required fee(s), or credit any overpayment, to Deposit Account Number 02-4035 (enclose an extra copy of this form).

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7/14/04 (Date)

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07/15/2004 CCHAU2 00000081 10088236

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